



Community Services Scholarship Request Form
Valid January 1, 2016 - December 31, 2016

3500 South Rural Rd, 2nd Floor, Tempe, AZ 85282
OFFICE: 480.350.5200 / TTY: 480.350.5050

- Scholarships are available to Tempe and Guadalupe residents ages 0-17 or youth enrolled in a Tempe Public School only.
- The percentage amount given for scholarships is per program or activity.
- Level of scholarships granted is valid for one calendar year, unless circumstances change.
- This form is valid for eligible Community Services Activities & Programs ONLY.
- SUBMIT Registration request separately *including payment* calculated at the percentage you are requesting to pay.
- Form to be completed by adult family member requesting assistance in person at one of the following facilities:

- Recreation Administration Office (3500 S. Rural Rd., 2nd Floor)
- Escalante Community Center (2150 E. Orange St.)
- Kiwanis Recreation Center (6111 S. All America Way)
- Pyle Adult Recreation Center (655 E. Southern Ave.)
- North Tempe Multigenerational Center (1555 N. Bridalwreath St.)
- Edna Vihel Center (3340 S. Rural Road)

Family Last Name _____
Address _____ City _____ AZ , Zip Code _____
Phone # _____ Additional Phone # _____
E-mail Address _____ School _____

Household Family Member Names to be Included

Name	M/F	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In order to allow a maximum number of participants to receive scholarships, we ask that each family contribute as much toward the program fee as financially feasible.

- For youth (0-17) programs a minimum of \$10 or 25%, whichever is greater.
- If program is below the minimum, user is responsible for the full price.
- Proof required for enrollment in other subsidy program such as Free / Reduced Lunch, AZ WIC, TANF, etc.
- **Proof of child's enrollment in a Tempe or Guadalupe Public School:** school ID, grade card, progress report, etc. **or**
Proof of Tempe Residency: Picture ID & one of the following: utility bill, phone bill, rental agreement within the last 30 days

Please select the percentage of reduction that would best serve your current need.

75% 50% 25%

Form Completed By (please print): _____

Signature: _____ Today's Date: _____

STAFF USE ONLY

Fee Assistance Level Pays _____ % Completed By: _____ Date: _____
Documentation of subsidy program: Free/Reduced Lunch AZ WIC TANF Other: _____
Proof of Tempe Public School or Residency Confirmed by: **Picture ID Type:** _____
School: Grade Card Progress Report Other: _____
Residency: Utility Bill Phone Bill Rental Agreement Other: _____
Additional Comments: _____

Form must be returned in person with required documents.